

Drinking Water State Revolving Fund (DWSRF) 2009 Economic Recovery Funding Program Application Form

Applicant Information							
Applicant Organization:							
Contact:							
Address:							
City		State		Zip Code		County	
Phone:			Email:				
Do you have a current approved Water System Plan or Small Water System Management Program?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your proposed project included in your plan or program?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you already begun construction on this project?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT REQUESTS BEING CONSIDERED FOR LOW-MODERATE INCOME STATUS (NOTE): You must be prepared to provide documentation that your community is low-moderate income using either Census 2000 data or an independently-conducted income survey):						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Project Information							
Project Name							
Project Description							
Does the water system have service meters on all existing services?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", does the project include metering of all unmetered services?						<input type="checkbox"/> YES <input type="checkbox"/> NO	

Need for Project			
Describe Public Health Need			
Describe Compliance Need			
Describe Other Needs			
Scope of Work (list what you will do, along with schedule)		Budget (Costs)	
What	When	What	How much
		Engineering/Design	
		Land/ROW acquisition	
		DOH Review/Approval Fees	
		Permits	
		Environmental/Cultural Review	
		Construction	
		Audit costs	
		Service meters (purchase & installation)	
		Other (describe)	
TOTAL			

Signature of Authorized Official

Date

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). This and other forms are available at <http://www.doh.wa.gov/ehp/dw>